PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE . EE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed whe
appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address.
indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" is
maintenance fee notifications.

maintenance fee notifical	ions.		SUE FEE and PUBLICAT orders and notification of (a) specifying a new corre				
CURRENT CORRESPONDE	par	Note: A certificate of mailing can only be used for domestic mailings of the Fo(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
1933	7590 11/10	6/2009				-	
FRISHAUF, HOLTZ, GOODMAN & CHICK, PC 220 Fifth Avenue 16TH Floor NEW YORK, NY 10001-7708				Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmitta is being deposited with the United States Postal Service with sufficient postage for first class mail in an enveloped addressed to the Mail Stop ISSUF FEE address above, or being flessimile transmitted to the USPTO (571) 273 2885, on the date indicated below.			
NEW YORK, N	1 10001-7/08			B. VILLANI	1	2/ 1	(Depositor's name)
				/	12.	I'llam.	(Signature)
			L	EFS 2/1	2/10		(Dute)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTO	RNEY DOCKET NO.	CONFIRMATION NO
10/564,621	08/07/2006		Mitsuru Hamada			05874/EH	1527
TITLE OF INVENTION	VIDEO PLAYBACK	DEVICE, PLAYBACK	METHOD AND VIDEO P	LAYBACK PROGI	RAM		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEB	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	02/16/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS	1			
CHOWDHURY, NIGAR 2621		2621	386-046000	•			
1 Change of corresponde	nce address or indication	on of "Fee Address" (37	2. For printing on the p	patent front page, lis	st		
CFR 1 363) Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a GOOMAN & CHICK, P.C.				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or egent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.				
			THE PATENT (print or ty				
PLEASE NOTE: Unle recordation as set forth	ess an assignee is ident in 37 CFR 3.11. Com	tified below, no assigned pletion of this form is NO	e data will appear on the p OT a substitute for filing an	atent. If an assign- assignment,	ce is id	entified below, the de	cument has been filed for
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been fil recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CTTV and STATE OR COUNTRY)							
CASIO COL	MPUTER CO., L	TD.	TOKYO, JAPAN	Į			
Please check the appropri	ate assignee category or	r categories (will not be p	printed on the patent) :	Individual 쳐 Co	rporatio	on or other private gro	up entity 🔲 Government
-ta. The following fee(s) a	re submitted:		4b. Payment of Fcc(s): (Plea	ase first reapply as	y previ	iously paid issue fee s	hown above)
Issue Fee	A check is enclosed.						
				redit cards- Form PTO 2036 is atta ctfied. s hereby authorized to charge the required fee(s), any deficiency, or credit any to Deposit Account Number <u>0.6—1.37.8</u> (enclose an extra copy of this form).			
Advance Order - A	of Copies		overpayment, to Depe	sit Account Number	96 the t	1378 (enclose an	extra copy of this form).
5. Change in Entity Stat	us (from status indicate SMALL ENTITY state		☐ b. Applicant is no lon	aer claimina SMAI	LENT	ITV etatue San 37 CE	P 1.27(a)(2)
			ed from anyone other than i				
		77	K OHCC.				
Authorized Signature	Leonard H	Ar.		Date		22,974	
Typed or printed name		Z					
This collection of informa an application. Confident	ition is required by 37 C iality is governed by 35	FR I 311. The informat U.S.C. 122 and 37 CFF	ion is required to obtain or it. 1.14. This collection is est	retain a benefit by the	he publi ninutes	c which is to file (and to complete, including	by the USPTO to process)

an appression. Continentantly is governed by 5 U.S.C. 122 and 37 C.F.R. 1.45. This collection is estimated to take 12 minutes to complex, including gathering, preparing, and admitting the completed application form to the USPTO. The well wave depending upon the individual ease, Any comments on the amount of time you require to complete applications of the complete applications. So Expensions of Commerce, 7.0. The collection of the Commerce of Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.